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THE TREATMENT OF PNEUMONIA IN CHILDREN.*

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Editor of The Times and Register:

It would seem proper to apologize for taking up your time discussing a subject with which you all must be so familiar that no words of mine will be necessary for enlightenment were it not for the fact that this disease, so intensely fatal in the young infant, is one in which our therapeutic resources for its treatment are so extensive that there are few physicians, even at the present time, who will manage a case on the same lines.

It will be necessary for a clear understanding of pneumonia in children to consider the two great varieties under separate heads; viz, croupous pneumonia and catarrhal or broncho-pneumonia.

So great are the differences in the etiological and therapeutic factors in these two forms that they should be considered as distinct diseases.

Croupous pneumonia is, at present, generally considered an infectious disease, determined by a specific cause, and for this reason deserves to be classed among the disease termed "zymotic." It will, if untreated, run a definite course in a regularity of time, and its natural tendency is to recovery. The self-limitation of this form of pneumonia would imply the production in the blood of an agent which is antagonistic to the specific cause of the disease—an anti-pneumotoxin.

If, as German scientists have demonstrated, after croupous pneumonia has progressed a few days there appears in the blood this agent antagonistic to the pneumococcus, our future dissertations on this subject will be exceedingly short. The sick will be made to heal the sick, and the physician, armed with hypodermic needle, will act as mediator between them. But these beautiful theories, unfortunately, like many others over which the world has gone wild, can only be made theoretical, and seem to contain no practical value.

To take up your valuable time enumerating the various therapeutic measures employed in the treatment of this disease, is not my intention in this paper, and I shall only consider those which have seemed to me most advantageous, recognizing that there are other therapeutic roads which lead to the same result.

Given, then, a disease which we believe to be specific, self-limited and dangerous to a degree comparative with the intensity of its symptomatic indications, and the capability of the heart to bear up under the greater strain laid upon it, what are our therapeutic indications in treating such a malady?

As before mentioned, the antidotal remedy, except as it naturally is produced in the blood, has not been found practical in application as yet, and it is doubtful if, by outward applications, or remedies usually employed internally, we are ever able to abort a case of true croupous pneumonia. Congestions of the lungs, which may give rise to consolidated areas on percussion, are quite another matter.

In croupous pneumonia of children the relative size of the bronchial tubes be-

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ing larger, and the alveoli smaller, than in the adult, congestions of the interstitial structures occasion more profound results. The fever is apt to be higher, the nervous symptoms greater and oxygenation lesser.

First, then, we should endeavor to promote diaphoresis, and an increased elimination of carbonic acid gas with a reduction of temperature.

Second, we should promote elimination through the kidneys by diuresis.

Third, we should promote an increased alkalinity of the blood, thereby lessening the fibrin and tendency to coagulation.

Fourth, we should quiet the nervous system and favor sleep.

A large, well ventilated room, not too much darkened, with an average temperature of about 70 degrees F., is a necessary, but, unfortunately, not always convenient sanitary measure which will prove of advantage.

As a rule very little medicine is needed in the treatment of croupous pneumonia of children. When the temperature is high, skin hot and dry, and there is a good deal of restlessness, two or three drops of the compound tincture of ipecac ("the liquid Dover's powder") every hour or two until there is marked improvement will be of benefit. To promote diaphoresis and diuresis there is nothing better than the old standby, sweet spirits of nitre (spiritus etheris-nitrosi). Acetate of potash may be given to promote alkalinity in the blood and guard against clot-formation. Liquor ammonii acetatis will greatly assist the elimination through the skin and cause a reduction of temperature.

The following formula given by Dr. Larrabee, of Louisville, Ky., has proved a great benefit in croupous pneumonia in my experience, viz:

	Gram.
R. Spt etheris nitrosi.....	. . .
Potassae Acetatis aa 1½ dr.	6
Spts. mindereri.....
Aquae camphorae aa 3 oz.90

To be left with slightly acid reaction to litmus.

M. Sig.—Teaspoonful every two hours to a child.

Routine treatment in this disease should be avoided. Individual cases must be watched closely and often.

Temperature.—When the temperature is high, in my opinion the warm bath is to be preferred to the cold. It certainly is more grateful to the little sufferer, and the shock of a cool plunge is obviated. After the warm bath the

chest may be enveloped in a warm wet pack, when the child will be most certain to break out in a gentle perspiration, which is followed by refreshing sleep.

The coal-tar products as antipyretics have, of late, fallen into more or less disrepute in the treatment of pneumonia; the difficulty seems to lie in the supposition that they de-oxidize the blood.

Between aconite and veratrum in the early stages, the majority of practitioners prefer veratrum, which is considered safer. I believe there is little preference practically, but my experience has led me to rely more on aconite of the two. Care should always be exercised in the employment of either.

Expectorants.—In croupous pneumonia no expectorant is needed. The fluidity of the mucus collections can as easily be kept up with cold water for a refreshing beverage as to nauseate the patient with composite mixtures of ipecac, squills, senega ammonia and opium.

Purgatives.—It is a common observation that purgation in the stage of hepatisation is bad. Probably this results from the general depression resultant upon the administration of the drug.

Stimulation.—Death in croupous pneumonia is nearly always from a failure of the cardiac muscles; the right side of the heart is engorged with blood in its endeavor to force the vital fluid through the obstruction present in the lungs. This causes the right ventricle to become distended so that the apex beat may be displaced. Clearly, then, our plan of stimulation of the heart lies not so much with the necessity for goading the organ to more work, but that we make the extra work it has to do lighter. We should relieve the engorgement by dilation of the capillaries. Our forefathers recognized this when they averred that "bleeding is good in pneumonia." While we do not need to revive this old-time custom at the present day, because we can accomplish the same thing with less danger to our patients, yet there is an underlying principle about this that we will do well not to lose sight of, viz., the relief of an overburdened heart. Our objects in this line may be attained by direct application of heat to the chest by means of the warm pack. We will find that drugs of the belladonna class will diminish the blood pressure by dilating the capillaries. Nitro-glycerine will

often rescue a heart that is overcharged with venous blood in the same manner as aspiration. Digitalis should not be used before the crisis. Alcohol has great value as a cardiac stimulant in this disease, by reason of its power to dilate the capillaries and its action on respiratory centres. Strychnine in doses of 1-300 of a grain every four hours is an excellent heart tonic in pneumonia of children.

Applications to the Chest.—Beyond the soothing effect of heat and its stimulating effect on the heart, there is little benefit to be derived from the application of poultices. Hot water may be applied by means of cloths wrung out in the same and confined about the chest with cotton or oiled silk. Probably they have no influence on the lesion, except as an agent to determine the blood to the skin, and thus relieve the heart.

Nervous Symptoms.—For the pain, irritating cough and sleeplessness the drugs classed as antipyretics are occasionally useful. Phenacetine holds, perhaps, the first place among this class of drugs. From a half to two grains of the drug can be given infants, according to age, but should be used only for the nervous phenomenon, irrespective of temperature.

Catarrhal pneumonia, or, better termed, broncho-pneumonia, is an entirely different disease. While there may be interstitial consolidation with the coexisting bronchitis, its etiology, symptomatology and treatment are entirely different from the croupous variety.

This form is far more common in the young infant than the specific; a fact which is probably due to the ease with which a catarrhal inflammation extends along the respiratory tract, and the comparative immunity that very young infants enjoy from infectious diseases.

The child sick with broncho-pneumonia should be clad in a long, warm night-dress made of cotton flannel and kept in the same, unless necessary to change for the sake of cleanliness, until the severity of the disease has passed. A chest protector of eiderdown flannel should be made and worn. I prefer this kind of protector on account of the thickness, softness and warmth which it affords, and believe it is of more value than all the poultices or sinapisms that are usually applied.

For the fever in this form of pneumonia chloral hydrate is coming into good

repute. As an antipyretic this drug possesses admirable qualities. It is antiseptic, volatile, and has the slightest solubility in the blood, and hence eliminative. If it is not pushed too far it is not toxic.

In this form of pneumonia it is necessary to treat the cough. This should require a careful consideration of the condition of the patient. In bronchopneumonia we have a stasis of the expulsive powers of the bronchi due to thickness and viscosity of the mucus and the weakened condition of the muscles of the tubes from exhaustive attempts to cough up the secretion during the pre-existing bronchitis. Therefore we must first stimulate the mucous glands to increase the watery elements of the secretion. For this the steam spray is an excellent adjuvant, but the most reliable drug for this purpose is ipecac. Combined with the latter to relieve the irritability and restlessness some form of opium is advantageous, and that we may get free elimination and a good action of the kidneys I generally add citrate of potash.

For the foregoing reasons I have been in the habit of prescribing the following formula:

	Grams
R Vtul ipecac dr. 1.....	4
Potass. citratis gr. 30	2
Tinct. opii camph. dr. 2.	8
Elixir simplicis oz. 1.....	30
Aqua distil. q.s ad. oz. 4.	120
M. Sig.—A teaspoonful to an infant six months old every two hours.	

Stimulating expectorants, so-called, are sometimes useful in the latter stages of this disease, but are useless in the earlier stages.

Much benefit will be obtained by the boiling in the sick room of a kettle of water; the steam arising therefrom tends to ease the cough by facilitating expectoration. Turpentine may be added if desired.

The bronchial tubes, stomach and intestinal canal will be relieved of the mucus and muco-pus by an occasional emetic or a little calomel, given cautiously but not in sufficient quantity to tax the strength of the child. I have seen good results in clearing the intestinal tract by allowing the child to drink freely of water into which has been put a little of Marchand's "Hydrozone" in the proportion of a teaspoonful to the half pint of water. If used too strong the hydrozone will occasion decomposition of the pus into painful quantities

of carbonic acid gas, causing colic, but if this destruction of pus is carried on less vigorously by a larger dilution the pain or discomfort is obviated. The action of the hydrozofte is one simply of cleansing the mucus membrane.

Stimulation.—The heart tonics necessary in this form of pneumonia do not differ from those indicated in the croupous variety, except that the objections to digitalis are removed in bronchopneumonia; in fact together with whisky or brandy we are quite in need of it. It is always a good plan to combine any depressing antipyretic with a drop or two of digitalis in bronchial inflammations in children. It is spur and oats to a flagging heart where not contra-indicated by any extensive consolidation of lung tissue.

Malarial element may be occasionally found in these bronchial affections of children, and if suspected should receive proper attention.

In broncho-pneumonia, the result of intestinal disturbance and the bacterium *coli communis*, Sevestre employs calomel in one-grain doses to children under six months. To relieve the lung dry cupping or mustard plasters are used; for dyspnea two or three injections of ether or of caffeine each day and alcohol rubbings for the algid tendencies are advised.

The complications of pneumonia, pleurisy and cerebral symptoms are to be met by revulsive treatment, and the bromides and chloral with ice to the head.

The diet in this disease should be fluid, chiefly of milk.

THE THERAPEUTIC ACTION OF TRIONAL.

BY OTTO BAKOFEN.

Inaugural dissertation presented to the University of Freiburg.

Continued from last number.

A. Randa (Int. Klin. Rundschau., 1893, No. 18), reports his observations from the private insane asylum at Ober-Döbling:

Trional was employed in 18 cases of mental disease in doses of 1.0 to 3.0 gm. at bed-time. It was used for a period of two months, and was usually administered in fluids as warm as possible (tea, soup, warm milk, and warm

water). The smallest effective dose was usually 1.5 gm. The period of time from the administration of the remedy to the appearance of its effects varied one-quarter hour, the longest two hours. He believes that this is attributable to the fact that the drug is not easily soluble. The sleep produced was quiet and dreamless. It usually lasted from 8 to 9 hours, but in marked conditions of excitement in maniacal persons its duration was on the average five hours. Randa especially praises the effect of trional in those suffering from paralysis. Aside from a few cases in which the patients experienced some drowsiness on the following day, no unpleasant after-effects were noted. A cumulative action was not observed, but it was found that after a time the dose could be reduced without impairing the efficacy of the remedy, an observation which had been made by other authors. Randa, therefore, concludes that trional is an excellent hypnotic, the employment of which must be strongly recommended.

Koppers (Int. Klin. Rundschau, 1893, No. 29, p. 30) employed trional in several cases, and after doses of 0.5 to 2.0 gm. obtained successful results in various affections attended with insomnia. The maximum single dose amounted to 2.0 gm. He usually administered the remedy in warm milk or tea. The effect in rectal use was a little delayed, but as marked as by the mouth. He employed the remedy for periods up to three weeks without injury to the patients or diminution in its efficacy. The effect usually occurred within one-quarter to one-half hour, although sometimes not until the end of two hours, and was always satisfactory. The sleep lasted for six to ten hours, and was always quiet and dreamless. In but one case, where the patient suffered from a cardiac lesion, was its action attended by vivid dreams.

Koppers further observed that trional has an antihydrotic effect similar to sulfonal, which manifested itself after administration of as small doses as 0.5 gm. In conformity with other authors, he noted that in cases where the insomnia was due to bodily pains the remedy frequently failed to act. Aside from occasional fatigue and drowsiness on the following forenoon, Koppers witnessed no other after-effects. In one instance, however, after administration of 2.0 gm., the patient complained of roaring in the head and a drowsy feeling.

He believes that trional acts upon the heart action and circulation. According to his investigations the blood pressure was slightly reduced, while the pulse frequency was sometimes increased by 5 to 10 beats. These symptoms were more marked in cases of cardiac lesion, with or without disturbances of the compensation. He therefore believes that a certain amount of caution should be exercised in some cardiac cases. He never observed changes in the respiration or disturbances of the digestive organs.

"At any rate," says Koppers in con-

clusion, "we have found in trional a remedy which deserves to be placed among the best hypnotics on account of its rapid and reliable effects, and which even when employed in small doses acts as a reliable anti-hydrotic."

O. Collatz (Berl. Klin. Wochenschr., 1893, No. 40) has published his experiments with trional in the private insane asylum of Dr. Oestreicher at Niederschonhausen. Among 56 patients suffering from insomnia 800 gm. were administered, usually in doses of 1.0 to 2.0 gm. He regards 2.0 gm. as an effective dose, while after continued use 1.0 gm. produced a satisfactory effect. The remedy was administered in abundant quantities of warm fluids. A favorable result was obtained from trional in the most diverse mental diseases attended with insomnia. Sleep occurred within an hour, was dreamless and lasted from six to nine hours. In conditions of excitement in epileptics trional exerted no influence upon the recurrence and severity of the attacks, but usually abridged the duration of the post-epileptic delirium. In the case of sleepless maniacal, paralytic patients the best effects were obtained from fractional doses, 1.0 gm. two to three times daily. Good results were also noted from trional where sulfonal and other remedies had proved inactive. In a case of the morphine habit the remedy was given with comparatively good results.

Trional exerts no influence upon the heart. A very favorable result was observed in a patient suffering from severe cardiac lesions and cardiac spasms, during which she became violently excited. For a period of nine weeks the patient received 1.0 gm. trional daily, and since that time was usually quiet during the day and slept five to seven hours at night. The 60 gm. of trional administered exerted no injurious effects of any kind.

Collatz failed to observe any disagreeable sequelae in the other cases. The circulation and respiration always remained unaffected. Albumen, blood corpuscles or decomposed hemoglobin were never found in the urine. The author also had an opportunity to witness an attempt of poisoning with trional. A man 28 years old, who had suffered from epileptic attacks at the time of puberty, he took for suicidal purposes 8.0 gm. of trional in a single dose. After the lapse of a quarter-hour he was seized with an epileptic attack which lasted for about five minutes. After returning to consciousness he complained of nausea without being able to vomit. Immediately afterward he fell into a sleep of 12 hours' duration, during which the pulse and respiration remained perfectly normal. The sleep lasted with slight intervals until the following day. In the evening pains in the abdomen and violent dysuria occurred, and the patient had to be catheterized on account of the retention of urine. The quantity of urine amounted to 400 c.m., its specific gravity to 1025; the urine was dark, amber color and contained no albumen, sugar or blood coloring matter. On the following day the patient was completely well.

From the foregoing it will be seen that Collatz obtained as favorable results as the other observers.

The report of S. Garnier (Le progrès Medical, 1892, No. 49) also deserves mention. He arrived, however, at no definite conclusion, as he had not completed his experiments at the time of the report, but also derived excellent results from trional. In his opinion, it possesses a marked hypnotic and sedative effect. Sleep occurred within a shorter time, and after smaller doses than with sulfonal. He administered the remedy in hot water, and frequently, on account of its slightly bitter taste, mixed with honey, preserves or sweetened milk.

In the case of maniacal persons with nocturnal and diurnal excitement he administered doses of 4.5 gm. pro die, either in a single dose at night or in divided doses. In these conditions, as well as in neurasthenia, good results were noted. A report on trional in mental diseases, by Pelandia Giulio and Cainer Alessandro (La reforma medica, 1893, No. 33) was unfortunately not entirely at my disposal, but from the part which was accessible I derived the information that the remedy was administered in wafers or suspended in wine or milk. The greatest single dose amounted to 3.0 gm., the greatest daily dose to 4.0 gm.

In the majority of cases trional in doses of 0.5 to 2.0 gm. produced a sleep on an average of 7 hours' duration. The hypnotic effect was developed in from 15 minutes to 3½ hours, according to the nature and severity of the disease, or of the condition of excitement.

In the various forms of alcoholism, as well as in cases of mania, satisfactory results were obtained from trional, while it acted unfavorably in the epileptic forms of the psychoses. In several instances they also noted that trional had a more favorable action than sulfonal, chloral and the bromides. In a case of progressive paralysis the sleep produced by 1.0 gm. trional was deeper than after an equal dose of sulfonal, or 4.0 gm. of chloral; even when awake the patient remained more quiet than after the last two remedies. In another case of mania with delirium, trional in doses of 1.0 gm. always exerted a full effect, while 2.0 to 3.0 gm. chloral were almost ineffective.

After-effects are observed by them in a few instances where the patients on the night before had received a somewhat larger dose. These appearances consisted in vertigo, dizziness, nausea, headaches, ringing in the ears, etc. The disturbances, however, rapidly disappeared. No influence upon the heart or respiration was noted.

From all this it appears that both the authors obtained as good results from trional as those previously named.

In conclusion we would mention the reports of three American physicians. Unfortunately they were not accessible in the original, so that I had to make use of abstracts.

W. C. Krauss (New-Yorker med. Monatschr., 1893, No. 8, p. 11, and Intern. Journal of Surgery, 1893, No. 7, p. 185) employed Trional in 15 cases of nervous and mental disease at the clinic of the Buffalo City Hospital, and obtained successful results from doses of 0.5 to 0.75 gm. In but one case, prurigo, was a failure recorded. In none of these cases were disagreeable symptoms noted, although in two of them other hypnotics had been abandoned on account of their irritating qualities.

Mattison (Intern. Med. Magazine, 1893, No. 6, p. 557) had given Trional one hundred times, with success in ninety. All these patients were or had been opium, chloral or cocaine habitués. The drug was given dry on the tongue. The initial doses amounted to 40 grains for males, 30 grains for females, and were usually given at 7 P. M. In simple insomnia doses of 20 to 30 grains were sufficient. Trional is possible, according to Mattison. He found that the effect of Trional is prompter, more pronounced and more prolonged than that of sulfonal. In his opinion, Trional is the most potent soporific at present at our disposal.

Mabon (The Med. Age, 1893, No. 11, p. 346) on the ground of his investigations concludes that Trional possesses marked hypnotic and sedative effects. It proved serviceable as a hypnotic, especially in mental diseases. In the majority of cases it was effective in doses of 15 grains given in warm milk at bedtime. Sleep was produced in from 15 minutes to two hours, and lasted from 6 to 9 hours. It was quiet, dreamless, and resembled normal sleep. In a few cases unpleasant after effects were observed, but these did not persist long and never excited alarm. No influence was produced upon the heart action. Mabon also observed that in a few cases the effect of a single dose extended over the following two nights. The effective dose varies between 10 and 30 grains. It is advisable to commence with 15 grains.

On the ground of the foregoing review of the literature, which I believe to be complete, there prevails with reference to the excellent properties of Trional a unanimity such as it is unusual to find with regard to other remedies. The advantages possessed by Trional are based first above all upon its reliability in those conditions of sleeplessness which experience has shown are combated with the greatest difficulty, especially for a long period. These conditions comprise the simple so-called primary insomnia and that associated with mental diseases and alcoholic excitement. In primary insomnia the remedy never appears to fail. Among mental diseases even the violent maniacal conditions of excitement can be successfully relieved for a long time, and as regards conditions of alcoholic excitement, which are so difficult to treat, favorable testimony is constantly accumulating. In contrast to the un-

favorable results of Schafer, the morpho-cocaine habit has since been treated successfully with Trional by a number of authors.

The opinion formulated by Collatz on the ground of his personal experience in cases of cardiac lesions is especially worthy of mention on account of its extremely favorable character. Hence it would appear that patients affected with severe heart lesions are able to tolerate Trional most satisfactorily, even in long-continued doses, and experience considerable relief of their distressing condition.

It must also be mentioned that Trional acts in smaller doses than sulfonal, and especially that its action is much more prompt than that of the latter. After effects, if at all developed, are much less marked than with sulfonal, although, as the experience of the last few years has shown, the sequelae from the use of both these two remedies are due to an improper manner of administration, and can readily be avoided. Slight giddiness and moderate malaise are the only after effects observed in a small percentage of cases after administration of Trional. Vomiting is so seldom noted that practically it need not be considered.

It seems to me of interest to report here a number of experiments made at the pathological institute at Freiburg with Trional in the same manner as those communicated by Kast in the Archiv für Experimentelle Pathologie und Pharmakologie with reference to sulfonal. At the start it may be remarked that these experiments were commenced at a time when few clinical observations on Trional had been published. Independent of clinical reports, these experiments on animals demonstrate that Trional possesses the advantages over sulfonal of having a more reliable and much prompter action.

The individual experiments are as follows:

Experiment I.

June	Gm.
2	0.7
3	0.7
4	0.7
5	1.0
6	1.0
7	1.0
8	1.0
9	1.0
10	2.0

After this dose the dog fell over, while previously sleep always occurred after a quarter-hour without staggering or similar symptoms.

June	Gm.
11	2.0
12	Discontinued
13	2.0
14	2.0
15	2.0
16	2.0
17	2.0
18	3.0

In the evening death occurred. Total quantity of Trional administered, 24.1 gm.

To be continued.

Society Reports.

SIXTH ANNUAL MEETING OF THE TRI-STATE MEDICAL SOCIETY OF ALABAMA, GEORGIA AND TENNESSEE.

First day, Tuesday, October 9, 1894. Dr. J. C. LeGrand read a paper on "The Responsibility of a Class of Criminals, from a Medico-Legal Point of View," in which he advocated castration for capital crimes instead of hanging. The object of this is two-fold: first, as a punishment and reformatory measure; second, to prevent the increase of the criminal class. He did not believe that hanging has the deterring effect that castration would have. This treatment cannot be applied except to those convicted of capital crime.

Dr. R. M. Cunningham said: Crime is a violation of the law—organic, statutory or common—of the commonwealth in which the criminal lives and to which he is responsible. These laws are the expression of the civilization of the commonwealth.

There is no universal law to define the degree and punishment of crime. There is no universal moral standard. Hence, the responsibility of criminals should be considered in connection with their immediate environment.

External influences alone do not make or prevent criminals. Under precisely the same environment of law—social, ethical, religious and moral—we have some committing crime and others not. Why so? It is due to some internal, personal agency, that stimulates to the commission of crime, or that restrains the moral inhibition of crime—in either case interrupting the mental, moral and physical equipoise which in one insures honesty and obedience to law and order, and in the other the violation of same. Whence comes this principle? Partly from race, partly from nationality, and very largely from family.

External influences determine the yield of good and evil. Alone they will not make a good man bad, nor vice versa. I think the real cause of crime is found in the criminal himself. When such a principle is discovered, it is the duty of the law to protect society against the propagation of this principle, by emasculation of the criminal, and thereby prevent any posterity.

Dr. J. B. Cowan said: "There is no diversity of laws of civilized countries in regard to rape. It is always ranked with murder. The tendency to crime is not alone in the man, but also due to environment. The question takes us into the domain of theology. The rapist is insane. He is irresponsible."

Dr. F. W. McRae thought with Dr. Cowan that the moral element and environment enters largely in the question. The important point is the prevention of the propagation of this class. Both sexes should be desexualized. It would, however, make this class enemies of society.

Dr. L. P. Brouillet read a paper on "Treatment of Stricture of the Urethra by Electrolysis," in which he reported a case in which the urethra was impermeable. There was no pain or interference with business. The treatment is limited to stricture due to inflammatory action. He quoted Neuman, as to method, differing in that he gave names on alternate days. He insists on the permanency of the cure when properly administered.

Dr. J. B. Cowan had had no bad results from the older methods. All cases had been relieved and most cured. He would be unwilling to throw away the knife in all cases.

F. W. McRae was opposed to the method, mainly through the report of Dr. Keyes, of New York, who states that the results are no better than by rapid dilatation. Had no personal experience with the method. His method was to incise the stricture, and after healing to dilate. The New York Academy of Medicine appointed a committee to investigate the question, and after a year reported the method a failure.

In closing the discussion, Dr. Brouillet said that the committee did not know anything of electricity and were prejudiced, and this is true of those who oppose this method. He failed only in congenital stricture. This is best method for treating stricture. The adventitious tissue is absorbed by catalytic action.

AFTERNOON SESSION.

A paper was read by Frank Tresser Smith: "The Induction of Labor to Prevent Blindness." The paper was mainly historical, and advocated the induction of labor when blindness was threatened, because this indicated that there was kidney disease of so grave a character as to threaten life.

J. A. Goggans said that he had seen a number of cases with albuminuric retinitis, and that they usually went blind and died.

J. B. Cowan said that we could not be sure that the albuminuric retinitis was due to the pregnant state. He did not believe in inducing labor promiscuously.

Dr. Smith in closing the discussion said that when we had a case of increasing blindness in the pregnant state, we could be quite sure that it was due to the pregnancy; this was more certain if the blindness was increasing rapidly, and especially if in previous pregnancies there had been attacks of blindness.

A paper by E. van Goidsnoven was read on "Slaughter of the Innocents," taking the ground that the child ought to never be deliberately killed, condemning the induction of labor and craniotomy, and advocating Cæsarean section and Porro's operation.

R. R. Kime said that we should be careful from a moral standpoint. He did not condemn in toto the induction of abortion for the vomiting of pregnancy; still it was getting too common. Instead of a craniotomy, a Cæsarean ope-

ration, a symphysiotomy, or a Porro's operation. In some cases artificial labor is necessary. In some cases of kidney affections with uremic symptoms, if we wait, the woman will be dead as well as the child.

R. M. Cunningham could not agree that there were no cases where we should induce artificial labor. The relation between fetus and mother were different from those between mother and child. The fetus was simply a vitalized neoplasm, and should be removed only to preserve life. Craniotomy is an operation that should be obsolete and is with all scientific men.

W. E. B. Davis said that those who had performed the most successful operations advocated in extra-uterine pregnancies early operations should be performed. They urge this to save the mother's life.

Frank S. Parsons read a paper on "Pneumonia in Children," which may be found in other columns of this journal.

R. M. Cunningham had treated four or five hundred cases.

It was a self-limited disease. He had so found it, about 35 per cent. of his cases had a tendency to die. In many of his cases, heart clots, which he believed to be the cause of death. His method of treatment was by hypodermoclysis. He also used strichnine.

Dr. Parsons, in closing, said that care was necessary in the use of digitalis. Cold was contra-indicated in children only because they shuddered from the cold which caused increase in the action of the heart.

R. R. Kime read a paper entitled: "Essentials of Obstetric Nursing." Asepsis on the part of physician, patient and nurse is required. Asepsis may be attained by cleanliness or antiseptics. It is essential that the physician and nurse have clean clothing, hands and finger nails, and everything coming in contact with patient be rendered aseptic and kept so during the puerperium, even the patient herself. Advised washing and boiling of all cloths, towels and bedding to be used about the patient. Advised use of antiseptic vulval pad with abdominal binder. Condemned vaginal douche after normal labor. Advised use of catheter by sight after cleansing parts and not by touch, so as to prevent infecting bladder.

Condemned astringents to nipples before labor. Believed infection is more common than most physicians admit, in both city and country practice. That the majority, not all, cases of infection can be prevented by due diligence on the part of the physician and nurse. That many cases of mild infection pass unnoticed by the physician because they are not attended with severe constitutional disturbances, or are classed as malaria, milk fever, taking cold, inflammation of bowels, typhoid fever, etc.

F. S. Parsons agreed in the main with the author, except that he thought that so much antiseptic material was not nec-

essary. Hot water was the best antiseptic, and all that was needed ordinarily. He used less antiseptics afterwards, but placed the patient in a semi-sitting posture. He advocated immersing the child in warm water and washing it under water. To prevent excoriation of the navel he wrapped the cord in absorbent cotton. Over this he placed some adhesive plaster. Did not use a binder in any form.

Dr. Kime said that he had not recommended antiseptics except to cleanse the hands of the doctor and the vulva. All cloths should be boiled. The use of the vulva pad and the cotton should be for the comfort of the patient.

J. A. Goggans read a paper on "The Surgical Treatment of Empyema." The methods are: First, aspiration, rib resection, and the open method. The natural tendency is more favorable in children. Empyema is a symptom of various diseases, not a disease itself. Aspiration has many advantages in childhood. He reported 13 cases operated on mostly by aspiration. He advocated the operation of Poro. The conclusions were as follows:

1st. That it is useless to delay the operation of thoracotomy, especially after finding that the pus contains the bacillus of tubercle, or is the result of microbes being introduced through the lymphatics, or when the empyema is developed in cases of general pyemia.

2d. That the opening should be made above the ninth rib.

3d. That antiseptic injections should not be used only in the above-mentioned varieties of empyema.

J. M. Matthews read a paper on "Some Points in Rectal Surgery."

Fistula in ano is one of the most important of diseases of the rectum. It requires more delicate and precise surgery than most any magical affections. Irritable ulcer or fissure can be cured by division of the sphincter. At the International Medical Congress, at Washington, on "The Anatomy of the Rectum in Relation to Reflexes," in which I endeavored to show that much elucidation could be thrown upon many suspected diseases, by tracing their origin to disease of the rectum. This idea has been run away with by the so-called official surgeons, who have done much harm by their method of removing an inch or two of the lower part of the bowel. This practice cannot be too severely condemned.

In ulceration of the rectum 60 per cent. are due to syphilis; simple ulceration is extremely rare. In cancer of the rectum, lumbar colotomy is to be preferred to inguinal. When practicable, the growth should be removed. In the majority of cases, colotomy is unwarrantable.

W. E. B. Davis said that every gynecological case should have the rectum examined. In cancer of the rectum, unless we can promise that the disease will not return, an operation will do surgery no good.

F. W. McRae said that the

only cases of stricture of the rectum he had seen were due to syphilis. He reported a case where he had performed inguinal colotomy, and had also removed the cancerous growth. This case had been treated for piles. In another case a spasmotic stricture of the urethra was relieved by divulging the sphincter.

William Perrin Nicholson related a case of ulcer of the rectum in a colored woman, due apparently to dysentery. In a case here some orificial surgeons were going to remove the lower part of the rectum, which yielded to iodide treatment.

Mixed infection, in which he related a case in point. A. R. Robinson said that cases of doubtful diagnosis should not be cauterized. Dr. Hutchins said that many thought the chancre was merely a pus infection, as no germ had been discovered.

Dunbar Roy read a paper entitled "Paresis and Paralysis of the External Rectus of the Eye, With Report of Two Cases." In one case the trouble was due to malaria, shown by its yielding to anti-malarial treatment. In the second case the paralysis followed a blow on the temple. A cure was effected by gymnastics and electricity. He reviewed the literature of malarial eye diseases and the paralyses caused by trauma. Dr. Frank Trester Smith said that he had never known a case of paralysis of the eye muscles to be ascribed to malaria, but the result showed that the conclusion was correct. G. W. Drake asked if, in the second case, the paralysis was caused by a hemorrhage, where the hemorrhage was located—in the muscle or in the brain? Dr. Roy thought that there was some effusion in the muscle, and that the centre in the brain may have needed some impulse.

G. W. Drake read a paper entitled "The Code of Medical Ethics." The basic principles upon which the grand old edifice of medicine are builded are "beneficiary and professional liberality," community of knowledge, open medicine and no therapeutic secrets. He who violates these principles by dispensing secret medicines is a medical heretic or anarchist. He divided all doctors into two classes, regulars and irregulars. He is an irregular who uses any sectarian name or term denoting that his practice is based on any exclusive dogma. He is a regular, whether he prescribes little or large doses or no doses; whether he employs the principle of "similia," or "contraria," etc.; provided he does not assume any ostentatious epithet by which to attract the unwary public, such as eclectic, homeopathic, hydro-pathic, Indian, hoodoo, etc.

SPECIFIC FOR GONORRHEA.

A new specific for gonorrhea is a 1 per cent. solution of creosote in decoction of hamamelis combined with boric acid. It is claimed that this will destroy the gonococci in two hours.—

—Pacific Medical Journal.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

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FRANK S. PARSONS, M. D.,

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PHILADELPHIA, OCTOBER 20, 1894.

TREATMENT OF MALIGNANT TUMORS.

In the recent meeting of the Tri-State Medical Society of Atlanta, Ga., Dr. A. R. Robinson, of New York city, read an instructive paper on the importance of the early recognition of malignant disease, which brought out in discussion many valuable points in the treatment of sarcoma and carcinoma. The early recognition of such diseases is important because physicians are too apt to say to the patient, "let it alone." In the early stages of these diseases there is much time lost in not initiating proper treatment early. Knife operations are not always acceptable, or curative. Caustic applications are efficient if they occasion acute enough inflammation. The production of very acute suppurative inflammation, whether it be produced by the streptococcus pyogenes, erysipelas, or

other cause, over the seat of the malignant tumor, will cure the disease if applied before serious lymphatic involvement has taken place. Vienna paste or other caustic may be applied to tumors that have not extended to any important degree. The diagnosis of malignancy may be established by microscopical examination. The pus germs may be injected directly into the tumor.

STILL THEY COME.

In spite of the thousand or more operations for hernia it would seem that the inventive ingenuity of man is anything but expended in this direction, for during the past year something more than a dozen new measures for radical cure have been devised.

One has discovered a "hernia salve"; another cures all cases with electricity; another "professor" in a Western city announces that he is prepared to take a limited (?) number of students and for a stipulated sum initiate them into the mysteries of the "radical cure" for hernia.

There is almost no end of new surgical measures, lately recommended.

A case comes under a surgeon for operation, when he introduces some new wrinkle in the "technique," the patient escapes with his life, the wound heals and he is dismissed, when, without any further observation, the case is heralded forth as a "new," never-failing operation for permanent cure. Dr. C. A. L. Reed, of Cincinnati, is the latest claimant for honors in this line of surgery.

For Bassini's, McBurney's and Marcy's operations he has no use, because they are faulty in the principles which they embody. The doctor's own plan, while highly valuable in certain types of hernia, has the fatal disadvantage that it entails an unnecessary extent of mutilation; and then, in the event of relapse, a hernia, which would be quite unmanageable, must almost certainly follow.

Two noted New York surgeons are also aspirants for fame in this attractive field. Dr. A. M. Phelps essays to fill in hernial breaches by what he is pleased to designate the "wide-mattress method." The operation in detail is essentially a combination of three well-known methods, with some of their defects and a new one superadded, as he will soon learn, if he attempts to imbed

wire permanently in the inguinal regions or the crural arcade. The latest comes from Dr. James E. Kelly, recently of New York Post-Graduate School, who offers to his professional brethren something in this line, under the rather euphonious title of "A New Departure in the Radical Treatment of Hernia."

The doctor sets forth the weak points in all the current operations for radical cure and explains how he could utilize the tensor-vaginae-femoris to block up the inguinal canal. But this procedure, theoretically perfect as it may seem, is far from possessing utility, inasmuch as the prime purpose of all operations for inguinal hernia is to not plug the canal, but clear it of all extraneous tissue. However, as the author has never had any experience with the operation, and only worked it out on the dead body, he is unable to tell what practical merit it possesses.

It would seem that the more judicious and just course for the surgeon to pursue toward his patient would be to rather acquaint himself with those methods which have stood the test of time than to institute experiments which serve no other purpose than to give their author an evanescent notoriety.

But hernial operations should always be discouraged in easily trussable cases, and be reserved only for those which threaten strangulation, or are so complicated that a truss will not control them and there is a tendency to a steady increase in their volume.

THE ILL-EFFECTS OF IMPURE TINCTURE OF IODINE.

A patient, who was painted on the chest with a "tincture," together with her attendants, and even some persons at a distance from the patient, were seized soon after with dyspnea, suffocation, weeping, conjunctivitis, rhinitis and tracheo-bronchitis to such an extent, that it was necessary to open the windows to obtain relief. The local pain caused by the application was severe, but the reaction was slight, as the tincture evaporates so rapidly. It was found that for economy the drug had been prepared with a part of wood alcohol.

—Guérmonprez and Augier. Société Anatomico-Clinique, of Lille, and Bulletin Medical, No. 70, 1893.

Obituary.

DR. OLIVER WENDELL HOLMES.

Without the semblance of a struggle or a pain Dr. Oliver Wendell Holmes passed away as he had lived, peacefully and beautifully, at noon October 7. He closed his eyes wearily and seemed to fall asleep, as indeed he did—the sleep of death, at which the whole world will mourn. For several years he had been a sufferer from asthma, and the day after his return to Boston from Beverly he had a particularly severe attack of this malady.

It was the beginning of the end. Dr. Holmes never left his bed again, for, while the asthma was conquered, it left him in such a weakened condition that he never rallied.

Gradually and calmly he approached the dark river. Grandly and peacefully he waited for the end, knowing full well that it was near.

Just north of the common in Cambridge, and overlooking what is perhaps the most interesting spot historically in Massachusetts, stands a curious gambrel-roofed house. It is at least 160 years old. It was used by the committee of safety in 1775, and Benedict Arnold's first commission was made out there. Not far away stands the famous elm under which George Washington took command of the American army. Washington occupied the house for a time. A little later it became the home of Dr. Abiel Holmes, historian of New England, clergyman and author, and in it, on August 29, 1809, was born his famous son, Oliver Wendell Holmes.

While preparing for college at Phillips Andover Academy he made his first attempt at versification, turning the first book of the *Aeneid* into heroic couplets. In 1829 he was graduated from Harvard. He was poet of the class at commencement, and was one of the 16 chosen into the Phi Beta Kappa society.

His first poem to attract general attention was the famous one on the Constitution.

It stirred the popular heart as did the "Star Spangled Banner." The young poet's fame became national in a month and worldwide soon after. The poem was published in almost every paper in the United States and circulated by thousands in handbills. A universal pro-

test was echoed back from every section and the Constitution was saved.

So far as Dr. Holmes' views on the unseen and unknown can be gathered from his writings he was a philosophic or scientific pantheist, nor does it appear that he ever had any orthodox faith, even in childhood. In the "Autocrat of the Breakfast Table" are found the most pointed of Dr. Holmes' stabs at the clergy, and there he gives offense chiefly by ignoring what is said on the other side as simply beneath notice.

To the direct question, "Do you believe man has an immortal soul?" the most that could be got from him was, "I hope so."

The young graduate had decided, or more likely it has been decided for him, that he was to be a lawyer, and he studied law for one year. During this year he wrote "Evening: By a Tailor," and other popular pieces of humor, then decided against the law and went to Paris as soon as he could afford it, to study medicine. After three years abroad he published his first volume of poems in 1836, the most noted productions in it being "My Aunt" and "The Last Leaf."

In 1839 he was chosen professor of anatomy and physiology at Dartmouth, and in 1840 married Amelia Lee, daughter of Judge Charles Jackson, of the Supreme Court of Massachusetts.

In 1847 Dr. Holmes succeeded Dr. John C. Warren as professor of anatomy and physiology in the medical school at Harvard, and soon after became prominent as a lyceum lecturer. Thence, till 1860, his larger works appeared in rapid succession, works on literature and medicine alternating.

The zenith of his power was attained in his contributions to the *Atlantic Monthly* for the first three or four years of its existence—1857 to 1861. The most popular of all his productions, the one which secured him the title by which he is best known, "The Autocrat of the Breakfast Table," appeared as a serial in the first numbers of *The Atlantic*, and its advent was an era in literature. The "Professor at the Breakfast Table" followed, and then "The Professor's Story," which appeared in book form as "Elsie Venner; A Tale of Destiny." He continued to give the public new works occasionally till in 1887, when "Our Hundred Days in Europe" appeared. Several of his poems have given the public popular phrases of almost universal use, such as "The Wonderful One Hoss Shay," for instance.

Surgery.

Under the charge of T. H. MANLEY, M. D., 115 W. 49th St., New York.

THE CAUSE OF PAIN IN UTERINE FIBROMYOMA.

Quenu (Gaz. Med. de Paris, 1893, No. 48) attributes the pain in fibromyoma to several factors, chief among which is pressure of tumor upon the sacral plexus, especially if it is impacted in the pelvis, or upon the lumbar plexus when it extends upward into the abdominal cavity, or is freely movable. Severe pains are also referable to pressure of the tumor upon the ovary, when the latter is healthy. Irritation of the peritoneum, especially in Douglass' pouch, may cause pain, even when there is no peritonitis. Inflammation of the growth itself, of its serous covering, and of the tubes and ovaries, are also important factors. Retention of blood within the uterine cavity and infection of the same may readily lead to inflammatory conditions in the tumor, on account of the rich vascular supply of the endometrium and its intimate relation to the fibro-muscular tissue in the broad ligament.

—Am. Jour. Med. Scien.

SYMPHYSEOTOMY.

The conclusions of Morisani, who has tested the operation perseveringly during twenty-eight years, were given at the recent Congress in Rome and are of interest. He believes that clinical experience has full justified the operation, and gives the limits of pelvic contraction in which it is indicated as 6.7 centimetres to 8.8 centimetres. The fetus should be alive, and the operation performed at term, with dilatation advanced. At the present time he does not favor a combination of premature labor with symphyseotomy. The interpubic cartilage may be divided from below upward or from above downward, provided the subpubic ligament is surely divided. The subsequent use of forceps is useful, but not indispensable. To secure union in the joint it is sufficient to suture the soft parts and fix the pelvic bones with a bandage. He thinks the operation

should only be compared with and is always preferable to embryotomy when the fetus is alive, and predicts that it will take the place of the relative Cæsarean section. The supposed advantages of induced labor at the beginning of the ninth month over symphyseotomy at term are debatable. Ischio-pubiotomy, as done by its inventor, Farabeuf, differs from the pubiotomy of Aitken and Galbiatti, and is a valuable operation in Naegle's obliquely contracted pelvis.

The alleged disastrous results of symphyseotomy are to be explained by the operation having been performed below the limit of its indication or at the wrong period of labor, by an improper manner of operating, by previous lesions of the genitals, or by special conditions of the patient. The death of the fetus must be attributed to too long delayed intervention, to faulty methods of extraction, or to accidental circumstances.

—Annales de Gynecol., April, 1894.

ABDOMINAL CONTUSIONS, WITH LESIONS OF THE VISCERA.

M. Vantrin, of Nancy, declares that neither the extent of violence, the pains and local distress, nor the rapidity of sudden symptoms of peritonitis after an abdominal injury will always lead to a correct diagnosis. According to certain authors, the abrupt apparition of peritonitis after shock and a spell of calm generally points to intestinal rupture.

These symptoms should be the signal for prompt surgical interference, it is said by some, but he was not inclined to be precipitate, in spite of this injunction. He recorded two cases of serious abdominal injury; in one, though symptoms of serious internal injury were unmistakable, yet operation was refused, death following. On autopsy, the ileum was found ruptured, nearly completely across, between the cecum and pylorus.

Another similar case was cited, death following.

—Le Mercredi Med. 29, Aout, '94.

OCCLUSION OF THE URETERS.

Robinson (*Annals of Surgery*, vol. 18, No. 4, October, 1893), believing that many deaths after hysterectomy may be due to ligature of the ureters, and that such an accident occurs three times in every 100 cases of this operation, has made a series of experiments on dogs, from which he draws the following conclusions: (1) Complete occlusion of the ureter produces atrophy of the kidney, and partial occlusion hydronephrosis; (2) after weeks of complete obstruction the kidney will resume secretion; (3) urine secretes until its pressure is higher than blood pressure; (4) the ligature may sever the ureter and cause urinary fistula, or the ligature may yield a little; (5) divided ureters should not be put into the small bowel; (6) ligature of one ureter does not cause suppression in the other kidney. Man has double the amount of kidney required for ordinary use; but when an emergency arises he needs both kidneys, and a man with one kidney is apt to die of pneumonia or other acute diseases.

LAIRE: CHOLECYSTENTEROSTOMY; A NEW APPROXIMATION BUTTON.

A case is reported in which cholecystotomy was done and a large gall-stone removed, the gall-bladder being stitched to the abdominal wall. Four or five weeks later a cholecystenterostomy was done, a small Murphy button being used for that purpose.

After a review of the subject of intestinal anastomosis the author states that the objections made by Senn and others to the Murphy button in gastroenterostomy and lateral anastomosis, as allowing of too small an opening in such operations, led him to devise a new button. This operates on the principle of the Murphy button, but can be made of any desired shape or size. The approximating power is furnished by rubber bands. These long oval plates would leave an opening three inches in length. Rubber bands will remain in contact with the gastric juices for several days without undergoing any material change, and will retain their elasticity. They may be made from ivory, walrus tusks, horn, bone and hard rubber. If, instead of being hollow and sharp, the edges of the button be cut flat, and the bone partly decalcified, they can be used on the principle of the Senn plates, as splints, without requir-

ing sutures to keep the serous coats in contact.

—*Matthew's Quarterly.*

CHANGE OF EDITORS.

Dr. William B. Outten, the well-known chief surgeon of the Missouri Pacific Railroad, succeeds Dr. R. Harvey Reed as editor of the *Railway Surgeon*.

Dr. Outten is well and widely known not only a respected citizen of St. Louis and a distinguished surgeon of the Southwest, but as one who wields a fearless, trenchant pen, a generous contributor to surgical literature, a pioneer in railway surgery, and one that stands for all that is in the best interests of the medical profession. We wish him a prosperous career in his arduous undertaking, and bespeak for the new journal renewed prosperity and thrift.

The National Association of Railway Surgeons embraces in its membership many of the most eminent members of our profession as well as the plain, steady plodder in the ranks. It is an aggregation without degrees or grades; is thoroughly American and thoroughly democratic. Its scope is large and its purposes broad, but the road to advancement in it is by the narrow road of merit.

As we have said before the *Railway Surgeon* is the only "out-and-out" American surgical journal in this country; will be ably edited and its columns will be abundantly filled by contributions of loyal members ready and willing to aid Dr. Outten in making this the leading expounder of surgical thought in this vast country of ours.

ETHER AS AN ANESTHETIC.

In Upsala Lakareforenings Forhandlingsar, Doctor Soderbaum declares against the exclusive use of chloroform. In 70 out of 113 cases he found that it required less than five ounces of ether to produce narcosis, and in children an average of less than 14 drachms—no children under one year were anesthetized. In rare cases where more than three ounces of ether had been administered and the patient was still agitated, and likewise in some operations upon the mouth and face, he had recourse to choloroform. On the other hand, patients with compensatory diseases of the heart were allowed to inhale ether without any fear.

Miscellany.

PREGNANCY AT THE AGE OF 59.

In the *Gazette de Gynecologie*, Doctor Depasse reports an aged-looking lady with white hair, supposed to be suffering from a large uterine fibroid, whom a careful examination proved to be pregnant. She was confined of a boy at the full term, and was able to nurse him; she weaned her son on her 60th birthday. She was a widow and had a married daughter aged 40. The age was verified by a certificate of birth. Such late pregnancies are extremely rare.

NOT A BAD DEFINITION!

A London (England) daily explains the term "exploratory incision," as "quarrying into a patient on the chance of discovering some disease in an internal organ which is curable by its removal."

—Med. Age.

ICHTHYOL IN PROSTATITIS.

This substance introduced into the rectum by injection or suppository has proved very beneficial in prostatic inflammation. Amelioration of the symptoms quickly occurs, pain during defecation, urinary uneasiness, etc., disappear, and the gland returns to its normal condition. The suppositories contain about 5 grains Icthyol, and one is used night and morning.

—Rev. Medicale.

DRUG CRAVING IN GLASGOW.

The practice of indulging in drugs, if we are to believe the statements of a correspondent to the *North British Mail*, is largely on the increase in Glasgow. This habit, as one might expect, is more common in the case of opium than of any other of the druggist's wares. Other narcotics in common demand are chloral, chlorodyne and various alkaloids. It is rather surprising to hear that quinine is consumed in this way in enormous quantities, and that arsenic is in great demand amongst young ladies who desire to improve their complexion.

The writer states that he recently saw a lady purchase 2s. 6d. worth of laudanum at a fashionable chemist's in Glasgow, and the shopman assured him that "that was nothing." There can be no doubt that something further should be done to regulate the sale of poisonous drugs. At present it is open to any one with a little enterprise to purchase arsenic, laudanum, or other deadly poison in sufficient quantity to destroy a number of his fellow-creatures.

—Med. Press and Circular.

The "Annales de Medicine" extols menthol as a specific in vomiting of pregnancy. It is supposed to act as a local anesthetic, and diminish reflex excitability.

SCHOOL CHILDREN AND VACCINATION.

On the 28th ult., Judge Bartlett, of the Brooklyn Supreme Court, handed down a decision regarding the application for mandamus in two actions, brought through the Anti-Vaccination League to compel school principals to admit pupils who refuse to be vaccinated. In denying the application Judge Bartlett said:

"The avowed purpose of the application is to test the constitutionality of Section 200 of the Public Health law of this State, which provides that no child nor person not vaccinated shall be admitted or received into any of the public schools of the State, and commands the trustees or other officers having the charge, management or control of such schools to cause this prohibition to be enforced. Upon the oral argument I expressed the opinion that this enactment was a valid exercise of the police power of the Legislature, and that view has only been confirmed by an examination of the authorities cited in the briefs of counsel. A common school education, under the existing Constitution of the State of New York, is a privilege rather than a right. It is created by legislation, and subject to legislative regula-

tion. . . It follows that the State can certainly exercise this discretion by barring from attendance at the public schools such persons as are unwilling to adopt a precaution which, in the judgment of the Legislature, is essential to the preservation of the health of the large body of scholars."

—Journal A. M. A.

MEETING OF AMERICAN ACADEMY OF RAILWAY SURGEONS.

The first meeting of the American Academy of Railway Surgeons, will be held in the parlors of the Grand Pacific Hotel, Chicago, Ill., on Friday and Saturday, November 9 and 10, 1894.

MOTTO.

"The higher the order of railway surgery, the greater protection to the employee, the passenger, and the company."

PROGRAMME.

(Only charter members of the academy admitted.)

Call to order, by chairman Committee on Permanent Organization.

Election of temporary chairman.

Election of temporary secretary.

Roll-call of charter members.

Appointment of Committee on Constitution and By-Laws.

Address—The Objects and Aims of the American Academy of Railway Surgery, by C. K. Cole, M. D.

Address—Reasons for the Organization of the Academy, by W. J. Galbraith, A. M., M. D.

A symposium of permanent organization, by R. Harvey Reed, M. D.

Opening of the discussion on Nos. 5, 6 and 7, by W. H. Elliott, M. D.

Miscellaneous business.

Injuries of the Tendons in Railway Accidents. History and Symptoms. By J. B. Murphy, M. D.

Discussion opened. By W. A. Adams, M. D.

Diagnosis and Prognosis. By W. D. Middleton, M. D.

Discussion opened. By Brise L. Rordan, M. D.

Treatment. By Geo. W. Hogeboom, M. D.

Discussion opened. By Solon Marks, M. D.

Traumatic Neuritis. History, Symptoms and Differential Diagnosis. By A. P. Grinnell, M. D.

Discussion opened. By Charles H. Merz, M. D.

Prognosis and Treatment. By E. A. McGannon.

Discussion opened. By J. H. Ford, M. D.

Treatment of Traumatic Aneurism. By G. S. Worley, M. D.

Discussion opened. By N. Y. Leet, M. D.

Report of Committee on Constitution and By-Laws.

Appointment of Committee on Nominations.

Miscellaneous business.

Should a Railway Surgeon be Required to Procure a History as to the Cause of an Accident over the Signature of the Injured.

Reasons Favoring such Report. By S. L. McCurdy, A. M., M. D.

Discussion opened. By R. W. Bruce Smith, M. D.

Reasons opposing such report. By Geo. Chaffee, M. D.

Discussion opened. By J. M. Dinnen, M. D.

The best Method for Approximately Determining the Amount of Damage Sustained by a Traumatism from a Monetary Standpoint. By R. S. Harden, M. D.

Discussion opened. By John E. Owens M. D.

The Best Methods for Determining the Value of Life when Death has been caused by Accidental Means. By M. Cavana, M. D.

Discussion opened. By A. D. Bevan, M. D.

The Inviornments of Railway Surgery. By B. Merrill Ricketts, M. D.

Discussion opened. By C. B. Kibler, M. D.

The Use of Horse Hair in Surgery. By C. M. Daniels, M. D.

Discussion opened. By A. C. Scott, M. D.

Not a case of "Railway Spine." By Webb J. Kelly, M. D.

Discussion opened. By W. B. Rogers, M. D.

Comparative Value of Plaster of Paris and Silicate of Soda as a Dressing for Fractures. By Milton Jay, M. D.

Discussion opened. By C. B. Parker, M. D.

The Treatment of Burns of the Con-junctiva. By D. C. Bryant, M. D.

Discussion opened. By William Thompson, M. D., oculist Pennsylvania Railroad, Philadelphia, Pa. By J. A. White, M. D., consulting oculist S. Railway Company, Richmond, Va.

Traumatism of Joints. By R. H. Cowan, M. D.

Discussion opened. By C. B. Powell, M. D.

Collodion in Solutions of the Continuity of the Soft Parts. By N. A. Drake, M. D.

Discussion opened. By Charles D. Fry, M. D.

Report of Committee on Nominations.

Election of officers.

Selection of next place of meeting.

Miscellaneous business.

Adjournment to the banquet hall.

Banquet.

Adjournment.

TRANSPORTATION.

The managers of the various railroads have very cordially agreed to furnish the necessary transportation to enable the members of the academy to attend the coming meeting. Those who need transportation will apply for the same at once through their proper officers.

Notes by the Wayside.

BY ERNEST B. SANGREE, A. M., M. D.
PHILADELPHIA.

I trust that the young ladies who frequently appear on our streets accompanied by their favorite dogs derive enough pleasure from this companionship to offset the mortifications they are occasionally compelled to endure. Dogs, even of the most Chesterfieldian canine manners, have a way of yielding to the demands of nature the moment the notion strikes them.

In a crowded city this disposition sometimes leads to unpleasant situations. Middle-aged and elderly ladies have gotten well past squeamishness in this respect, and I have often seen one of this class standing calmly and coolly by whilst her little pet deposits a neat stack of fecal matter on the curb. But with the dashing young women and their great big dog companions the scenes occur. A few days ago on Chestnut street when it was fullest with promenaders I saw a stylishly dressed young lady, evidently a member of the haut ton, exerting all her strength to drag along by the chain her big dog, who was just as determinately pulling back, bitterly contesting every step. The trouble was the dog wanted to make his water, and at every hitching post, horse block and door step made a desperate attempt to gain the necessary minute's time, whilst his mistress, blushing furiously, advanced slowly along, a target for observation and ill-concealed mirth. And only this afternoon I noticed a haughty looking West Walnut street young woman vainly blowing her whistle for her dog, while he, the filthy fellow, was busily engaged just across the street in an abortive attempt at unholly commerce with one of his own sex.

Personally I have no liking for dogs and would willingly dispense with every one of them. To me they are a nuisance. Especially is this the case at present, as my doorstep is the first conspicuous one in the block and is therefore singled out by every passing canine as a suitable spot for a public urinal. Sometimes there are so many visitors that a stream of this unpleasant liquid trickles across the pavement into the street. I am thinking of asking

some cunning mechanic whether he cannot devise for me a piece of apparatus in the shape of a heavy boot, which the moment a dog raises his leg towards my doorstep will spring out and kick him clear across the street.

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Speaking of dogs reminds me of a story I heard the other day, which, as an illustration of youthful depravity, ought to be told. It is of no use for physicians to think people better than they really are, and instances of sexual perversion like this tend to disabuse their minds, if they have any fanciful notiors. A friend of mine was out in the country a short time since, and from an accidental concealment he witnessed the following scene: Some little children were playing by a brook. The oldest of them was a good-sized girl of 10, who soon got into a hammock hanging near and called a large dog to her. When he came she pulled up her clothes and put his head against her thighs, and the dog at once began to lick her genitals, as if he were accustomed to the performance. At the same time she let one leg lie out of the hammock and with her foot tickled the animal along the belly, a performance he appeared to relish as much as she did the other. What do you think of this, and she a country girl, too?

A DEFINITION OF MASSAGE.

The prospectus of the "American and Parisian Massage Company, Limited," to which we referred some weeks ago, gives the following grandiloquent but funny definition of massage: "The application of sentient living matter to sentient living matter in multifarious ways." This is certainly a sufficiently comprehensive statement of the field of operations in which the company is to practice, and opens up an unlimited field for imagination as to what it means.

—Med. Press.

An English surgeon says that the people who use rocking chairs the most got deaf the soonest. Rocking also hurts the eyes and makes people near-sighted. Moral—English, don't rock.